

## AFTERCARE PLAN

### I. Self-Help Support Plans

#### A. Location, times, and frequency of meetings

- 1.
- 2.
- 3.

#### B. Sponsor (s) and program people names and phone numbers

- 1.
- 2.
- 3.

#### C. Individual self-help goals i.e. readings, journal writings, and individual spirituality

### II. Substance Abuse Treatment

#### A. Individual therapy one time per week at:

#### B. Case Management – home visits one time per month

### III. Childrens' Services

#### A. Early Intervention

Services to be obtained at:

#### B. Head Start



C. Reunification Planning

D. DSS – all children – compliance with case planning and recommendations of DSS including urinalysis provision

IV. Parenting

A. Parenting skills training – home visits one time per month

B. Parent Aid visits – as arranged through DSS

C. DSS worker – individual meetings as scheduled

D. Contacts as necessary with attorneys

V. Family Nutritional Needs:

A. WIC

B. Weekly meal planning:  
coordinate meal planning and food shopping with parent aid and consult with WIC health center

VI. Health/Medical/Dental

A. Schedule regular checkups for children and self at:

VII. Budgeting (optional)

A. Coordinate needs with AFDC worker – to be assigned at DTA

B. Continue monthly budgeting as established by \_\_\_\_\_

VIII. Vocational Education

A. Attainment of GED through \_\_\_\_\_



IX. Utilization of daily time plans

- A. Weekly activities of children – discuss with Family Life Advocate/Child Services Coordinator and Early Intervention i.e. playgrounds, library
- B. Studying for GED
- C. Ongoing examination of career /employment goals
- D. Continued education and growth in recovery through individual counselors
- E. Recreation and exercise weekly

X. Housing Status: \_\_\_\_\_

XI. Transportation

- A. Program People – request assistance with rides to meetings
- B. Familiarization with routes of \_\_\_\_\_
- C. Future explanation of attaining a driver's permit

XII. Extended Family/Relationships with Others

- A. Positive/Supportive Figures
- B. Avoid contacts with active family members and any contacts with former substance abusers

Resident Signature \_\_\_\_\_

\_\_\_\_\_ Date

Staff Signature \_\_\_\_\_

\_\_\_\_\_ Date

